

**UNIVERSITY OF CALIFORNIA - RIVERSIDE
VOLUNTEER REGISTER (R9/91)**

(This section is to be completed by the volunteer)

Name:			
Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:		
Are you over the age of 18?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student Status:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
If Student:			
Name of student's school:			
Is work performed related to coursework at that school:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In case of emergency, contact:			
Day Phone:	Evening Phone:		
Volunteer Statement: I understand that the above described volunteer service will be uncompensated (except for per diem, where applicable). I understand that either I or the University may terminate this relationship at any time without notice. I agree to abide by all rules and regulations of the University.			
Signature of Volunteer	Date		
Witness	Date		

(This section is to be completed by Supervisor or Research Director)

Department:			
Work Location:			
Work Phone:			
Supervisor:	Extension:		
Brief Description of Duties:			
Duration of Employment:	Beginning:	Ending:	
Work Schedule:			
Loyalty Oath Signature Witnessed	Date		
Patent Agreement Signature Witnessed	Date		
Signature of Department Head or Designee	Date		
Title			

Distribution:
Department – original
Control Unit – copy
Labor Relations – copy

Retn:
3 years - Department
0-3 years - Other

